Medicare Supplement / Medigap

The following standard is provided to assist the insurer in submitting a filing. This is a brief synopsis and not intended to be all-inclusive or contain all requirements or exceptions. All references should be reviewed for compliance. References beginning with "31A" refer to Utah Code and those beginning with "R590" refer to department rules under Utah Admin Code. As required by § 31A-21-201(2), the insurer is responsible for assuring that all filings submitted are in compliance. Filings found to be out of compliance may be referred to our Market Conduct Division for review and possible action.

Filing

Subject	I	G	Citation	Description
Confidentiality / Classification of Documents	X	X	63G-2-309 R590-220-16	An issuer may consider some of the information filed to be privileged, proprietary, or confidential. For consideration, a request must be submitted that complies with Section 63G-2-305.
Filing Submission	X	X	31A-21-201 R590-220 R590-146 31A-22-620	A licensee and filer are responsible for assuring that a filing, defined in R590-220-4(10), is in compliance with Utah laws and rules. Non-compliant filings will be rejected and not considered filed with the department.
Form Number	X	X	R590-220-7(1)(b)	Each form must be clearly identified by a unique form number, and the form number cannot be variable.
Policy & Related Forms	X	X	31A-1-301(71) & (142) R590-220-7(3)	The policy is the enforceable contract. A policy consists of ALL related forms.
Variability	X	X	R590-220-6(4)(f) R590-220-7(1)	All variable data must be bracketed and explained, either by imbedding in the form, or by a separate form identified by its own unique form number AND edition date. Changes to variable data must be filed prior to use. Blank spaces must be completed in John Doe format.

General

Subject	I	G	Citation	Description
Age	X	X	31A-22-613	If age is used as a determining factor affecting premium or coverage it must be disclosed.
Appeal / Grievance Process	X	X	31A-22-629 R590-146-10 R590-192-8	Utah adopted the federal claims regulations for adverse benefit determination and grievance review processes.
Application	X	X	31A-21-201(3)(a)(iv) R590-220-7(2) R590-146-18	Health questions must be reasonable and required disclosures included. All policy and certificate filings must include the application or include an informational copy and reference the SERFF tracking number.
Arbitration	X	X	R590-122	If included, a permissible arbitration provision must be properly disclosed in the policy, certificate, application, and enrollment forms. It may not deprive Utah courts of jurisdiction. Permissible: -Optional binding arbitration at the exclusive election of an insured party. -Both compulsory and optional binding arbitration at the election of either the insured or the insurer. NOT permissible: -Compulsory non-binding arbitration
Beneficiary / Estate	X	X	31A-22-614(4) R590-192-12(12)	Following an insured's death, all unpaid benefits are to be issued to the beneficiary or estate without a dollar limit to be considered good faith.
Cancellation, Renewability, and Termination	X	X	R590-146-17.A.(1)	Each policy and certificate must include a renewal or non-renewal provision. Such provision must be appropriately captioned, and must appear on the first page of the policy.
Certificate		X	31A-21-311	The certificate must contain a summary of all the benefits, exclusions and limitations, and any rights of conversion.
Claim Settlement	X	X	31A-26-301 & 301.6 R590-192	Provide fair and rapid settlement of claims and protection of claimants from unfair claims settlement practices. Interest must be paid when claim is not paid timely.
Company Name & State of Domicile	X	X	31A-21-201, 301 & 311	The exact name of the insurer and its state of domicile must appear conspicuously on all forms that constitute a policy. Variability is not permitted.
Definitions	X	X	31A-1-301 31A-22-620 R590-146	Forms must comply with these definitions and any others, as applicable.
Electronic Notices	X	X	31A-21-316	Electronic notifications must provide consumer awareness, consent, and be filed with the Department.
Endorsement or Rider	X	X	31A-21-106(2) R590-146-17.A.(2)	An in-force contract may not be modified unless it is in writing and requires a signed acceptance by the policyholder. If additional premiums are charged, the premium must be disclosed in the policy or certificate.

I = Individual and Non-Employer Group, G = Employer Group

Examination Period	X	X	31A-22-620(6) R590-146-17.A.(5)	Required notice advising the timeframe and right to return a policy for any reason.
Felony, Riot, Insurrection or Illegal Activities	X	X	31A-21-201(3)	Losses must be directly resulting from an insured's voluntary participation.
Grace Period	X	X	31A-22-607	Policies must provide a grace period. Group policies must provide a 30 day grace period and cannot be terminated prior to the end of the grace period.
Incontestability	X	X	31A-22-609	Only a fraudulent misstatement regarding insurability is a basis for avoidance after coverage has been in effect for two years.
Incorporation by Reference	X	X	31A-21-106 Bulletin 94-1	A form may not incorporate any provision not fully disclosed, unless citing a federal or state law, rule, or public directive.
Jurisdiction	X	X	31A-21-314	Policy cannot contain any provision requiring it to be construed according to the laws of another jurisdiction, or deny Utah courts jurisdiction.
Limitation of Actions	X	X	31A-21-313	No action may be brought against an insurer until the earlier of: 60 days after proof of loss, waiver by the insurer of proof of loss, or the insurer's denial of payment, and must commence within three years after the inception of the loss.
Limitations or Exclusions	X	X	31A-21-201(3) R590-146-8.A	Forms must not limit or exclude coverage or benefits more restrictively than Medicare.
Nondiscrimination Among Health Care Professionals	X	X	31A-22-618	No insurer may unfairly discriminate against any licensed class of health care provider when the treatment is within the scope of the provider's license.
Notice and Proof of Loss	X	X	31A-21-312 Bulletin 87-6	Proof of loss provision must allow the insured or claimant to file the notice and/or proof of loss as soon as reasonably possible.
Outline of Coverage	X	X	R590-146-17.D	Must contain the required content and format as outlined.
Overpayment / Payment Recovery	X	X	31A-26-301.6(14) 31A-21-108 R590-131-8(6)	Recovery of an amount improperly paid must be in accordance with the timeframes outlined in statute.
Physical Exam	X	X	31A-21-201	If an insurer requires a physical exam, the insurer must pay for such exam.
Preferred Provider Provisions	X	X	31A-45-303 R590-146-10.G & H	An issuer using preferred health care provider contracts is subject to the reimbursement requirements which includes reimbursing a non-contracting provider or the enrollee a like dollar amount.
Premium Change	X	X	31A-21-106(2)(b) R590-146-17.B	A change in premium is only allowable in specific circumstances.
Reinstatement	X		31A-22-608	Must disclose the required reinstatement provision when applicable.
Return of Premium	X	X	31A-21-302 31A-21-315	Any excess premium must be returned without being requested.
Usual & Customary	X	X	31A-21-201(3)(a) R590-146-17.A.(3)	The use of "usual & customary" or a similar term is not allowed.

Specific-Modernized

Subject	I	G	Citation	Description
Benefit Layout	X	X	R590-146-9a.A.(C)	Benefit structures and language must comply as outlined in statute.
Benefit Standards	X	X	R590-146-8a, 9a & 9b	All forms must comply with the required standards. An issuer must offer at least Plan A.
Continuation / Conversion	X	X	R590-146-8a.A.(5)(c) & (d)	Provisions for continuation or conversion of benefits.
Emergency Services	X	X	R590-146-8a.C.(6)	Definition of "Emergency Care" in a foreign country.
Multiple Policies	X	X	R590-146-21.B	Multiple supplemental policies are prohibited.
Network Provisions	X	X	R590-146-10.I	Required disclosures for Medicare Select policies/certificates.
Non-Duplication	X	X	R590-146-6.C	A policy or certificate cannot duplicate benefits provided by Medicare.
Non-Medicare Notices	X	X	R590-146-17.E.(2) R590-146-25.E.	Disclosure statements regarding non-Medicare and non-duplication coverage.
Notice to Buyer	X	X	R590-146-20.A.(3)	Required disclosure.
Preexisting Conditions	X	X	R590-146-8a.A.(1) R590-146-17.A.(4)	A preexisting condition must not be defined more restrictively than disclosed in statute and within the outlined time frames. Limitations for preexisting must appear as a separate statement in the form.
Replacement Requirements	X	X	R590-146-18 & 23	Requirements and provisions prior to replacing existing coverage.
Spouse Rights	X	X	R590-146-8a.A.(4)	Applicable provisions for a spouse.

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Suspension & Resumption	X	X	R590-146-8a.A.(7)	Each policy shall provide the option to suspend and reinstitute, subject to applicable provisions as outlined in statute.
Waivers	X	X	R590-146-6.B	Cannot use waivers to exclude, limit or reduce coverage or benefits for specifically named or described preexisting conditions.

Rating

Subject	I	G	Citation	Description
Requirements	X	X	R590-85 R590-146-14 & 15	All rate filings must contain: -Type of renewability -Utah and nationwide experience -Current rates and proposed rates -Prior rate-related SERFF tracking numbers -Average annual premium per policy -Other information as outlined in statute

Reporting

Subject	I	G	Citation	Description
Annual Report(s)	X	X	R590-146-14.B R590-146-14.C R590-146-22 R590-220-11(4)	Annual Medicare Supplement reports due on or before May 31.
Grievance Report	X	X	R590-146-10.K R590-220-11(4)(e) & (f)	Annual grievance procedures report due on or before March 31.
Plan of Operations	X	X	R590-146-10.D & E	Medicare Select provisions to offer restricted network policies.
Plan of Orderly Withdrawal	X	X	31A-4-115	Prior to withdrawing from offering a line of insurance, a carrier must submit: -a request in writing for approval by the commissioner, -a notification of intent to appropriate divisions, and -a copy of the above information via SERFF.
Provider Network Changes	X	X	R590-146-10.F.(2) R590-220-11(4)(e) & (f)	Any changes to the list of network providers must be filed within 30 days of the change.
Withdrawal of Previous Filing(s)	X	X	R590-220-5(8)	Notification to the department when no longer offering a form, rate, or supplementary information.